



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Medical Doctors, Nurse Practitioners, Professional Midwives, Health Departments, Rural Health Clinics, Federally Qualified Health Centers, Laboratories, Pharmacies, Outpatient Clinics, and Managed Care Organizations Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 12/17/2014

SUBJECT: Reinstatement of FAMIS MOMS — **Effective December 1, 2014**

The purpose of this memorandum is to notify you of the reinstatement of the FAMIS (Family Access to Medical Insurance Security Plan) MOMS program, effective December 1, 2014. In February 2013, the Virginia General Assembly adopted an amendment that directed DMAS to phase out and eliminate the FAMIS MOMS program. Beginning January 1, 2014, no new applications for FAMIS MOMS coverage were accepted. Pregnant women who were enrolled in FAMIS MOMS prior to December 31, 2013 retained eligibility throughout their pregnancy and post-partum period. Any applications received after January 1, 2014 were screened for Medicaid for Pregnant Women eligibility, and if over 143% Federal Poverty Level (FPL) they were referred to the Health Insurance Marketplace.

Effective **December 1, 2014**, FAMIS MOMS was reinstated for pregnant women whose income is over the Medicaid income level and less than or equal to 200% of the FPL.

This memorandum also reviews the ways to report the birth of a newborn to a mother enrolled in FAMIS MOMS or Medicaid.

FAMIS MOMS

The Virginia Medicaid program provides coverage to pregnant women with family income equal to or below 143% FPL. FAMIS MOMS expands this coverage to include pregnant women with family income greater than 143% and less than or equal to 200% FPL.

FAMIS MOMS provides enrollees with the same coverage as pregnant women enrolled in the Virginia Medicaid program are eligible to receive (Covered services are listed at www.coverva.org under Programs). There are no differences in covered services, service limitations, and pre-authorization requirements. FAMIS MOMS enrollees do not have co-payments for pregnancy related services. Newborns born to FAMIS MOMS members will be considered eligible for coverage under the Medicaid or FAMIS program for the first year of life with no application required. The birth of the newborn needs to be reported so that the baby can be enrolled and receive coverage. Please see section below on the reporting of a newborn to a Medicaid, FAMIS or FAMIS MOMS enrolled mother. Upon the child turning age one, the parent or guardian must complete a renewal of coverage in order for the child to continue enrollment.

REPORTING OF A NEWBORN TO A MEDICAID/FAMIS/FAMIS MOMS MEMBER

A newborn is considered eligible for Medicaid or FAMIS if the mother is enrolled in full coverage Medicaid, FAMIS or FAMIS MOMS at the time she gives birth. This does not include women who are enrolled in Emergency Services Medicaid, Plan First, or the Governor's Access Plan (GAP) for individuals with serious mental illness.

Hospital Reporting

An easy, streamlined way to report the birth of the newborn is through the E-213 online form, which may be accessed through the Medicaid Web Provider Portal: www.virginiamedicaid.dmas.virginia.gov.

Any hospital staff that have approval from their hospital and have access to the Medicaid provider portal may report the newborn's birth and receive the Enrollee ID within 2 State business days via email.

It is important for information entered online to be accurate so that enrollment is correct and not delayed. Please take an extra step to verify the information below is correct prior to submitting the E-213 online form:

- Date of birth for mother and newborn;
- Spelling of names;
- Gender of the baby;
- Enrollee ID for mother;
- Mother's managed care organization at time of the delivery;
- Social Security number for mother; and
- Mother's physical address.

To prevent duplicated entries, the hospital should verify that the baby has not already been enrolled by local Department of Social Services prior to submitting the E-213 online form. Eligibility may be verified through the Medicaid Provider Web Portal or through MediCall at (800) 772-9996.

Other Ways to Report the Birth of a Newborn

Another way to report the birth of the newborn is to contact the Cover Virginia Call Center at 1(855) 242-8282 (Cover Virginia has extended hours including Saturdays). The mother may contact her local Department of Social Services to report the birth of her child. A list of local Departments of Social Services may be found at www.dss.virginia.gov/localagency.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

- 1-804-786-6273 Richmond area and out-of-state long distance
- 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.